PTC/SB/06 (UB-03)
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U.S. Paterd and Trademant Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no parsons are required to respond to a collection of information unto PATENT APPLICATION FEE DETERMINATION RECORD									as it displays a valid Chill control number. Application or Docket Humber		
Substitute for Form PTO-875 CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)							SMALL E	NTITY	OR	OTHER SMALL	THAN
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	FOR C FEE	NUMBE	NUMBER FILEO NUMBER			.	RATE	PEE .	OR	RATE	
	FR 1.18(e))	10	//			I		•		×3 •	<u> </u>
	FR 1.16(d) PENDENT CLAIL	/0 s 0	0			ŀ	X \$=		OR		
	FR 1.18(b)		minus 3 °				X3		OR	× 8=	00.0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))							+1		OR	+1	180
" If the difference in column 1 is tess than zero, enter "0" in column 2.							TOTAL	<u></u> _	OR	TOTAL	/140_
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	1/26/4	(Column 1)		(Column 2) (Column 3)			SMALL ENTITY		OR SMALL ENTI		
N P		CLAUAS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	100	RATE	ADDI- TIONAL FEE
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3				O ANI 137 CE	D 1.15M3		• •		OR.	+1 •	
FIRST PRESENTATION OF MATTPLE DEPENDENT CLAIM (17 CFR 1,18(d))						,	TOTAL		OR	TOTAL	
3-7-05 (Column 1) (Column 2) (Column 3)							ADD'L FEE	L	,	ADD'L FEE	
L	3-1-0	(Column 1)	· · · · · ·	(Cotumn 2) HIGHEST	(Column 3)	1			1		
N F		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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2	Independent (37 CFR 1.16()-8	. 5	Minus	" 3	1.1	1	x 3 -		OR	×8	
Į₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM. (37 CPR 1.10(9))					1	+3 •		OR	+3 •	
PROFESCONIAL OF EACH OF DESCRIPTION OF THE PROPERTY OF THE PRO						j	TOTAL ADD'L FEE		OR	TOTAL ADDL FEE	
A.NE (Column 1) (Column 2) (Column 3)											
j E	10/14/0	CLAIMS BEMADING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ľ	RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
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18	independent or chit twoli	197	Minus	-2	1.	1	×	1	OR	xi_	1
AMEN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLADA (AT CFR 1.98(F))					1		1	OR.	+,	
I mad transferrence of many of the contract of						J	TOTAL ADD'L FEE	1.	OR	TOTAL ADD'L FEE	
1.	• if the entry in	column 1 is less th	an the entr	y in colutho 2, wi	mulco ai "V" elit	n 3		<u>. </u>	-J ~~		
* If the entry in column 1 is less than the entry in column 2, write "O' in column 3. ** If the "Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For' BY THIS SPACE is less than 3, enter "3". *** If the "Highest Number Previously Paid For' BY THIS SPACE is less than 3, enter "3". *** If the "Highest Number Previously Paid For' BY THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" (Total or Independent) is the highest rumber found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retion a banell by the public which is to file (and by the USPTO to process) an application. Continentally is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes (complete, including gathering, preparing, and submitting the completed application from to the USPTO. Three will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the completed explication from to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alaxandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Certifications of the Patients, P.O. Box 1450, Alaxandria, VA 22313-1450.

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2.